

FILED JAN 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43347

No. 300

10. 48

BIRTH NO. _____		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>4308</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Noel</u>		c. LENGTH OF STAY (in this place) <u>7 mos.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				STREET ADDRESS (If rural, give location) <u>3008 City</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Alva</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Judd</u>	
4. DATE OF DEATH		(Month) <u>12</u>		(Day) <u>13</u>		(Year) <u>54</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 7, 1886</u>	
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u>		IF UNDER 24 HRS. Hours <u>6</u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Milling</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washburn Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>F.M. Judd</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Middleton</u>		14. NAME OF HUSBAND OR WIFE <u>Francis Judd</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Orville Judd Richmond, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 Hours</u> <u>7 Years</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4200</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11/23</u> , 19 <u>54</u> , to <u>12/13</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12/13</u> , 19 <u>54</u> , and that death occurred at <u>1:00 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Royce</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Noel, Missouri</u>		23c. DATE SIGNED <u>12/22/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-5-55</u>		REGISTRAR'S SIGNATURE <u>Mayne Humphrey</u>		423- FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Humphrey</u>		ADDRESS <u>Noel, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. R. Humphrey Jr.*
Licensed Embalmer No. *470*
P. O. Address *Noel M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.